

Case Number:	CM14-0196949		
Date Assigned:	12/05/2014	Date of Injury:	08/03/2004
Decision Date:	01/16/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in American Board of Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated September 5, 2012, the IW present for her routine follow-up and medication refill. She continues to report intermittent back pain rated 7/10 that has occurred for years. The pain is worse with exertion, but improves with rest and medications. The pain is associated with aching and spasms. Objective physical findings reveal lumbar range of motion (ROM) is decreased with flexion to 90 degrees, and extension to 5 degrees. Lateral bending and lateral rotation is to 20 degrees to the right and left. No tenderness to palpation noted over the lumbar, thoracic and cervical paraspinal muscles. Current medications include Oxycodone IR 30mg, Lyrica 75mg, and Diazepam 10mg. A urine drug screen dated July 18, 2013 was performed, and the metabolites for Diazepam were detected. In a progress note dated February 7, 2014, the IW was prescribed Diazepam, but documentation indicated that the IW was allergic to Diazepam. The current request is for Diazepam. The strength, quantity, and directions for use were not provided in the request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diazepam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diazepam is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepines are the treatment of choice in very few conditions. See guidelines for details. In this case, the injured worker is taking Diazepam as far back as July 18, 2013. A urine drug screen was performed and the metabolites of Diazepam were present. In a progress note dated February 7, 2014, a prescription for Diazepam was given to the injured worker. However, Diazepam was also listed as an allergy. There was no additional explanation or rationale as to the allergies. In September 2014 progress note; Diazepam is still listed as an allergy. There is no clear clinical indication for its ongoing use of diazepam. Diazepam (a benzodiazepine) is not recommended long-term use (longer than two weeks). Long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Diazepam has been prescribed in clear excess of the recommended guidelines. Additionally, the request for Diazepam does not contain a quantity or instructions for use. Consequently, absent the appropriate clinical indications pursuant to the guidelines and the quantity and instructions for use, Diazepam is not medically necessary.